lease type a plus sign (+) inside t Under the Paperwork Redu a valid OMB control numbe	iction Act of 1995, no person	Patent and Tradem	ark Office: U.S. D	rough 9/30/00 O	F COMMERCE 1			
		Attorney Dock	et Number	T2P20				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named In	ventor	Patrick	J. Toomey			
		COMPLETE IF KNOWN						
		Application Nu	mber	/				
	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date						
Submitted OR		Group Art Unit						
with Initial Filing		Examiner Nam	е		ر			
I believe I am the original, first and sole meethor (if only one name is lated below) of an original, first and sole meethor (if only one name is lated below) of the subside matter which is diamed and for which a patent is sought on the meetition entitled. Water Problem Detection and Source Identification Methods for Structures using Electromagnetic Radiation Spectroscopy the specification of which (Title of the Invention) is a statched hereto OR as a statched hereto OR as under the specification (MM/DDYYYY) as United States Application Number or PCT International Application Number or International Application Number or PCT International Internation								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 305(b) of any foreign application(s) for patent or invertor's certificate, or 355(b) of any PCT international application which designated at least one country other than the United States of Admirab, But States of Admirab State								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	ppy Attached?			
			0000	0000	0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto								
I hereby claim the benefit under 35 U S C. 119(e) of any United States provisional application(s) listed below Application Number(s) Filing Date (MM/DD/YYYY)								
Application Number(s	Filing Date	(MINUDUITYYY)	Additional provisional application					

Burden Hour Statement This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office. Washington, D. 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assessate Commissioner for Patents, Washington, C. 20231

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

	PTO/SB/01 (12-97)
Please type a plus sign (+) inside this box → +	Approved for use through 9/30/00 OMB 0651-0032
	Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person	ns are required to respond to a collection of information unless it contains

DECLARATION Utility or Design Patent Application										
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States of America, Island below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or OT international application in the manner provided by the first paragraph of \$5 U.S.C. 112, I acknowledge the tuffy to disclose information which is material to patentiability as defined in 37 CFR 156 which became available between the filing date of the prior application and the national or PCT international affing date of this application.										
U.	J.S. Parent Application or PCT Parent Number			Parent Filing Date Par				ent Patent Number (if applicable)		
Additional	U.S. or PCT international applica	tion numbers are It	sted on a	supplemen	tal priority data	sheet PT0	O/SB/02	B attached h	ereto.	
As a named awentor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact at business in the Pate and Trademark Office connected therewith: Oustomer Number Place Customer Place Customer							mer Code			
		Registered practiti	ioner(s) n	ame/registr					tration	
	Name	Numbe			Nan	1e			nber	
Jon M.	Jurgovan	34,633								
Additional i	egistered practitioner(s) named of	n supplemental Re	gistered i	Practitioner	Information sh	eet PTO/S	B/02C a	attached here	to.	
Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☐ Correspondence address below										
Name	Jon M. Jurgovan									
Address	468 East We	468 East Wesley Road, N.E.								
Address										
City	Atlanta	tlanta			State GA ZIP			30305		
Country	USA	Telephone	(40	4)261	-2917	Fax	(40	4) 261	-8431	
hereby declare that all statements made heren of my own knowledge are true and that at statements made on information and belied are believed to be true; and further that these statements were with the knowledge that willful false statements and the like so made are application or any patient issued thereout, under I LSC 1001; are that such willful false statements and the like so made are such as application or any patient issued thereout, under I LSC 1001; are that such willful false statements my population the visibility of the										
Name of Sole or First Inventor:										
Gi	ven Name (first and middle [r	fanyl)	1		Famil	v Name o	or Sum	ame		
Patrick J. Toomey										
Inventor's Signature	Tath	of to	98	>~	1			Date	6.22.99	
Residence: City Alpharetta State		GA-	Country USA Citizenship USA				USA			
Post Office Address 665 Wheeler Peak Way										
Post Office A	ddress									
City P	lpharetta State	GA	ZIP	300	22	Coun	try	USA		
D Additional	inventore are being named a				l (nyontor(a)		DT0/0	P/02A attac		